HEALTHMATE ULTIMATE

KEY FEATURES	
Excess options (per person per calendar year)	$250
No excess for Accident related treatment	✔
No excess for kids	✔
No excess for same day admissions	✖
Available as hospital cover only (without extras)	No

EXAMPLES OF WHAT'S COVERED - INCLUDES ACCOMMODATION, OPERATING THEATRE, INTENSIVE CARE, GOVERNMENT APPROVED PROSTHESES, PHARMACEUTICALS (EXCLUDING EXPERIMENTAL AND HIGH COST NON PBS DRUGS) AND PHYSIOTHERAPY AS PART OF YOUR COVERED ADMISSION AT A HCF PARTICIPATING PRIVATE HOSPITAL.	
Accident related treatment after joining (for services included in your cover. Minimum Benefit services paid at Minimum Benefits)	✔
Removal of tonsils, adenoids, appendix	✔
Surgical treatment of a hernia	✔
Removal of kidney stones & gall stones	✔
Digestive disorder procedures (e.g. bowel surgery)	✔
Cancer related services (e.g. chemotherapy)	✔
Heart surgery including diagnostics & therapeutic cardiac procedures	✔
Spinal fusion, spinal scoliosis & disc replacement surgery	✔
Cochlear implant surgery & bone anchored hearing devices^	✔
Insulin pump treatments#	✔
Dialysis for chronic renal failure	MB
Rehabilitation services	✔
Psychiatric services	✔
Gastric banding and obesity surgery	✖
Assisted reproductive services (e.g. IVF, GIFT)	✔
Pregnancy and birth related services	✔
Hip & knee joint replacement surgery	MB
Cataract and other lens related surgery	MB
Elective cosmetic surgery	MB
Podiatric surgery by an accredited podiatrist	MB
Emergency ambulance	✔
Non-emergency ambulance (up to $5,000)	✔

^ Includes associated speech and sound processors including upgrades.
# Certified Type C procedures and certified overnight Type C procedures for the treatment of diabetes.

EXCESS

An Excess is a non-refundable amount of money a Member agrees to pay towards the cost of Services before Benefits are payable when admitted to Hospital. If hospitalised, the total excess amount of your cover will apply once per person per Calendar Year.

HOSPITAL BENEFITS AND 'THE GAP'

Hospital Benefits are payable to formally admitted Hospital patients at the time of the service. If you are a private patient in a Non-Participating Hospital, you may face a large gap (out-of-pocket expenses for you to pay) depending on the Hospital charges. Prior to treatment, please check with your doctor to obtain Medicare item numbers and call HCF to clarify Benefits payable.

Medical Gap: While admitted to Hospital, Medicare will cover 75% of the Medicare Benefits Schedule (MBS) fee for medical charges and HCF will cover the remaining 25%. Some doctors may choose to charge more than the MBS fee, so you may face additional out-of-pocket expenses, known as the 'medical gap'.

HCF has arrangements to help eliminate or reduce medical gaps. Always ask your doctor what your charge will be and if they'll participate in HCF's 'Medicover' arrangement for your procedure. If you still have questions, call HCF on 13 13 34.

PREGNANCY AND BIRTH RELATED SERVICES

To be covered for pregnancy and birth related (obstetrics) services in hospital, make sure your cover includes full benefits for these services. If not, you may wish to upgrade to a cover that includes obstetrics 12 months before the date of birth of your child to minimise your out of pocket expenses. If you're expecting, make sure you transfer to a family membership at least two months prior to the birth of your child to ensure your baby is covered.

MB MINIMUM BENEFITS

For procedures that pay Minimum Benefits, HCF will pay the rate set out by the Commonwealth Minister for Health, from time to time, as the Minimum Benefit paid for a shared room and Benefits for Government approved Prostheses List items.

In a private hospital: These Benefits wouldn't cover all the hospital costs and there could be significant out-of-pocket expenses for you to pay.

In a public hospital: If you elect to be a private patient in a public hospital, you may have to pay out-of-pocket expenses if these benefits are less than what your chosen public hospital charges or do not cover all hospital costs.

✖ EXCLUDED SERVICES

If your chosen Hospital Cover has some procedures that are excluded, then nil Benefits apply for the Episode of Care related to those excluded procedures. If multiple procedures are provided in a single Episode of Care and one procedure is excluded then nil Benefits apply for the entire Episode of Care. Please ensure you have reviewed any Excluded Services on this product and always check with us to see if you're covered before receiving Treatment.

HEALTHMATE ULTIMATE EXTRAS

	SERVICE CATEGORY	DESCRIPTION	BENEFIT PER ITEM	ANNUAL LIMIT PER PERSON, PER CALENDAR YEAR (UNLESS OTHERWISE SPECIFIED)
DENTAL	Diagnostic dental	Examinations – general dentist/specialist dentist	$32 - $55	2 services/1 service
		Single film x-rays – initial/subsequent	$27	Service limits apply
	Preventative dental	Removal of plaque/calculus	$36 - $60	2 services
		Application of fluoride	$27	1 service
	Fillings	Metallic and tooth coloured (direct)	$75 - $166	$400
	Extractions	Simple extractions	$90 - $130	
	Occlusal therapies	Treatment of bite problems	$34 - $210	
	Oral surgery	Surgical extractions	$165 - $240	$400
	Endodontic Services	Treatment of root canals	$45 - $240	
	Periodontic Services	Treatment of tissue surrounding the teeth	$10 - $210	
	Dentures	Dentures and components (partial and complete)	NIL	–
		Maintenance and repair	NIL	–
	Crowns and bridges	Preparation and placing of crowns and bridges	$40 - $635	$700
	Orthodontics	Accrues based on length of membership up to $1,800 maximum lifetime limit for Orthodontist or $1,500 for General Dentist treatment.		
OPTICAL	Glasses and contact lenses	Spectacle frames	$85	$200
		Spectacle lenses – pair	$90 - $160	
		Contact lenses – pair	$110 - $200	
THERAPIES	First/subsequent visits (unless otherwise specified)	Psychology (after Medicare entitlement is exhausted)	$45 per visit	$300
		Podiatry consultation	$33/$27	$200
		Dietetics	$40 visits 1 - 2/$29 visits 3 - 14/ $20 visits 15+	$700
		Speech pathology	$45 visits 1 - 2/$35 visits 3 - 14/$30 visits 15+	
		Occupational Therapy	$44 visits 1 - 2/$30 visits 3 - 14/$28 visits 15+	
		Orthoptic Therapy	$35 visits 1 - 2/$27 visits 3 - 14/$20 visits 15+	
		Physiotherapy	$35 visits 1 - 2/$28 visits 3 - 14/$22 visits 15+	
		Chiropractic	$35 visits 1 - 4 $22 visits 5+	$350
		Osteopathy	$40 visits 1 - 2 $32 visits 3+	
		Exercise Physiology	$30/$25	
		Homoeopathy	$35/$20	$300
		Myotherapy	$35/$27	
		Acupuncture/Chinese Herbal Medicine consultation (CHM)	$35/$20	
		Remedial Massage	$35/$20	
		Naturopathy/Nutrition consultation	$35/$20	
		Orthopaedic Shoes	NIL	–
		Foot Orthotics (pair)	$20 - $120	$120
OTHER	HCF approved Pharmacy	After PBS equivalent co-payment subtracted	Up to $50 per script	$600
	Artificial aids	HCF approved appliances	NIL	–
	Hearing aids	Limits renew every 3 years	NIL	–
	Health Management Programs	HCF approved – single/couples or family	Up to $150	$150/$300

THINGS YOU NEED TO KNOW

The following waiting periods apply where these services are covered under your policy:

HOSPITAL AND EXTRAS WAITING PERIODS	
1 DAY	Emergency ambulance (where not for pre-existing ailments).
2 MONTHS	Psychiatric, rehabilitation and palliative care.
2 MONTHS	HCF Health Management Programs and approved HCF Disease Management Programs.
12 MONTHS	Pregnancy and birth related services. Pre-existing ailments (excluding psychiatric, rehabilitation and palliative care). Crowns, bridges, dentures, endodontics, occlusal therapy, surgical extractions, oral surgery, complex fillings, periodontics, prosthodontics, dental bleaching, veneers, orthodontics, artificial aids, foot orthotics and hearing aids.
2 MONTHS	All other hospital and extras services and Non-Emergency Ambulance (where not for pre-existing ailments).

WHAT'S NOT COVERED?

There are a number of situations where our health insurance doesn't cover you:

HCF Health Insurance does not cover:

- If a Service is listed as an excluded service (regardless of whether required as a result of an Accident) in the Product Information (as defined in the Fund Rules);
- Claims made 2 years or more after date of Service;
- Elective Cosmetic Surgery on most levels of cover;
- When a Member has the right to recover the costs from a third party other than HCF, including an authority, another insurer or under an employee benefit scheme;
- Treatment for Pre-Existing Conditions (other than for psychiatric rehabilitation or palliative care) within the 12 month Waiting Period (the Pre-Existing Condition Waiting Period applies to new Members and Members upgrading their Policy to any higher level Benefits under their New Policy);
- Services received during any period where payment is in arrears, the Policy is not financial, the Policy is suspended or within a Waiting Period;
- Treatment that HCF deems to be inappropriate or not reasonable, after receiving independent medical or clinical advice;
- Any Service where the Treatment does not meet the standards in the Private Health Insurance (Accreditation) Rules;
- Emergency room fees;
- Services that are not delivered face to face, such as online or telephone consultations, unless a Member is participating in a Chronic Disease Management Program or Health Management Program;
- Services supplied by a provider not recognised by HCF;
- Services provided outside Australia which do not meet the requirements under the Private Health Insurance Act;
- Ambulance transfers between hospitals (emergency or non-emergency); or
- Claims that do not meet HCF's criteria as set out in the Fund Rules.

In addition, HCF Hospital Cover does not include:

- Hospital Benefits (including medical Benefits) for Excluded Services or for Services in respect of which the claim is not approved for payment by Medicare;
- Experimental treatment;
- Experimental, high cost non-PBS Drugs and TGA approved Drugs used for a purpose other than that for which they were approved;
- Procedures normally performed in the doctor's surgery or as an outpatient;
- Private room accommodation for same-day procedures;
- Respite care;
- Benefits for Nursing Home Type Patients except as determined under the Minimum Benefits requirements of the Private Health Insurance Act;
- Special nursing;
- Luxury room surcharge;
- Donated blood and blood products;
- Donated blood collection and storage;
- PBS pharmaceutical benefits in private Non-Participating Hospitals;
- Pharmaceuticals (including PBS pharmaceuticals benefits) and other sundry supplies not directly associated with the reason for admission;
- Take home items including crutches, toothbrushes and drugs;
- Personal convenience items including the cost of phone calls, newspapers, magazines and beauty salon services;
- Massage and aromatherapy services;
- Select Services provided while in Hospital by non-hospital providers;
- Benefits where a Service is an Excluded Service for the payment of Benefits in a Hospital, and any other Services including medical, diagnostic, Prosthesis and pharmacy received at the same time; and
- The gap on Government approved gap-permitted Prostheses items;
- Benefits greater than Minimum Benefits if a Service is listed as a restricted Benefit in the Product Information (regardless of whether required as a result of an Accident).

In addition, HCF extras cover does not include:

- Psychological and developmental assessments;
- Co-payments and gaps for government funded health services including the co-payment for PBS items;
- Psychology treatment (where included under a Policy) unless a mental health plan has been prescribed under Medicare entitlements and these entitlements have been exhausted for the calendar year;
- Services while a Hospital patient except for eligible oral surgery;
- Pharmacy items that are not on HCF's approved pharmacy list including items listed on the PBS, items prescribed without an illness, items that are available without a prescription, items supplied by a Hospital as take home drugs, or items that are not approved by the TGA;
- Services that had not been provided at time of claim;
- Fees for completing claim forms and/or reports;
- Services received overseas or purchased from overseas including items sourced over the internet;
- Where no specific health condition is being treated or in the absence of symptoms, illness or injury;
- Routine health checks, screening and mass immunisations;
- More than one therapy Service performed by the same provider in any one day;
- Where a provider is not in an independent Private Practice;
- Add-ons for optical such as high index material, coatings and tinting.

Our list of HCF Participating Private Hospitals, no-gap providers, approved pharmacy items and artificial aids and appliances are subject to change and updated regularly. If your cover includes any of these items and you wish to make a claim, please call us on 13 13 34 to confirm your benefits.

Note:

This is not a comprehensive list of items covered under your hospital and extras cover. Please call 13 13 34 to check what you're covered for prior to going to hospital for treatment.